

# Madison County Weed Board

## Herbicide Cost Share Program

In the interest of assisting landowners, subdivisions, and cooperating landowner groups with the cost of applying herbicides to control of noxious weeds, the Madison County Weed Control Board is offering a cost share program in which (50%) of the cost of the herbicides will be shared by the Weed Board. The terms and conditions of this program are as follows. **(Please Read)**

1. The cost share program applies only to **Noxious Weeds**.
2. There is an upper payment limit of \$750.00 per applicant/landowner.
3. The program only covers the cost of the **Herbicide**. It does not cover additives, dyes, equipment rentals, contracted application costs.

### Steps to Take

1. Complete application, **(YOU MUST INCLUDE LEGAL DESCRIPTION)** and return it to the Madison County Weed Board. PO Box 278, Virginia City, Mt. 59755, **before herbicide application**.
2. After purchasing and applying herbicide send receipts and completed Claim Sheet (last sheet) to the same address. **REMEMBER TO FOLLOW THE LABELS**

**Note:**     **If misapplication of an herbicide occurs, cost share will be denied.**

**If a misapplication is deemed to be harmful to the environment or the surrounding area, the proper regulatory agency may be notified.**

Things to consider if you plan to employ a Commercial Applicator:

1. What is the estimated cost per acre?
2. What herbicide and rates of herbicide will be used?
3. What are the targeted weeds?
4. Do they offer a follow-up treatment?
5. Schedule of herbicide application & billing Schedule.
6. Do you want to be present during application?

These suggestions are made for your protection & in your understanding of what is occurring on your property. If you have any questions call the Office @ (406) 843-5594.

## NOXIOUS WEEDS IN MADISON COUNTY

According to the Montana Weed Control Act, a noxious weed is any non-native plant that may render land unfit for agriculture, wildlife, forestry, recreation, and other beneficial uses of the land or that may harm native plant communities. These weeds have been prioritized by, the Madison County Weed Board.

### Noxious Weed List 2006

Noxious weed Species Common Name	Scientific Name	WSSA Code
<b>Category one</b>		
Leafy Spurge	Euphorbia esula	EPHES
Canada Thistle	Cirsium arvense	CIRAR
Russian Knapweed	Centaurea diffusa	CENRE
Spotted Knapweed	Centaurea maculosa	CENMA
Diffuse Knapweed	Centaurea diffusa	CENDI
Field Bindweed	Convolvulus arvensis	CONAR
Whitetop (Hoary Cress)	Cardaria draba	CADDR
Dalmation Toadflax	Linaria dalmatica	LINDA
St. Johnswort (Goatweed)	Hypericum perforatum	HYPPE
Sulphur Cinquefoil	Potentilla recta	PTLRC
Common Tansy	Tanacetum vulgare	CHYVU
Houndstongue	Cynoglossum officinale	CYWOF
Ox-eye Daisy	Chrysanthemum leucanthemum	CHYLE
<b>Category two</b>		
Dyer's Woad	Isatis tinctoria	ISATI
Purple Loosestrife	Lythrum salicaria	LYTSA
Tansy Ragwort	Senecio jacobaea	SENJA
Meadow Hawkweed	Hieracium pratense	HIECA
Orange Hawkweed	Hieracium aurantiacum	HIEAU
Tall Buttercup	Ranunculus acris	RANAC
Tamarisk(Saltcedar)	Tamarix ramosissima	TAARA
<b>Category three</b>		
Yellow Starthistle	Centaurea solstitialis	CENSO
Common Crupina	Crupina vulgaris	CJNVU
Rush Skeleton Weed	Chondrilla juncea	CHOJU
<b>Madison Co. Weed List</b>		
Field Scabious	Knautia arvensis	KNAAR
Musk Thistle	Carduus nutans	CRUNU

## MADISON COUNTY WEED BOARD

Please completely fill out this application and return it to the Madison County Weed Board Office  
PO Box 278, Virginia City, MT 59755

Name of Landowner, Subdivision, or Group Representative:

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(Last) (First) (Telephone)

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(Address) (City) (State) (Zip)

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**(Legal description Township, Range, Section etc. for area of herbicide application)**

Expected date of application:

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Herbicide(s) used: \_\_\_\_\_

Target weed(s): \_\_\_\_\_

Approximate size of area to be treated (sq. ft. acres): \_\_\_\_\_

**RELEASE and INDEMNITY:**

*The undersigned (Applicant) acknowledges that they have a legal and moral duty as the owner or occupier of land to control noxious weeds. They also recognize that control measures sometimes involve risks to desirable plants, animals, and humans. In consideration of the benefit obtained by reducing the burden of their responsibility to control noxious weeds and in recognition of risks which may be encountered, the undersigned hereby releases, holds harmless and indemnifies and defends Madison County, its agents and employees, from all loss, claims, costs and expenses, damages, lawsuits or judgments resulting from damage or destruction of property, personal injury or death of any person or persons which arise from Applicants conducting weed control activity in areas described in this Cost/Share Program Application including, but not limited to, costs of suit and reasonable attorney fees.*

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(Applicant) (Date)

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(Weed Board Representative) (Date)

Description of area(s) to be treated, please include the use of the land such as pasture, subdivision lot, hayfield, lawn, subdivision parks, native grassland, etc. Please be specific on the location, and provide a rough sketch of the area in the box provided on the following page. The sketch should include waterways, sensitive areas, and neighboring land uses. If applicable, please list all of the cooperating applicants.

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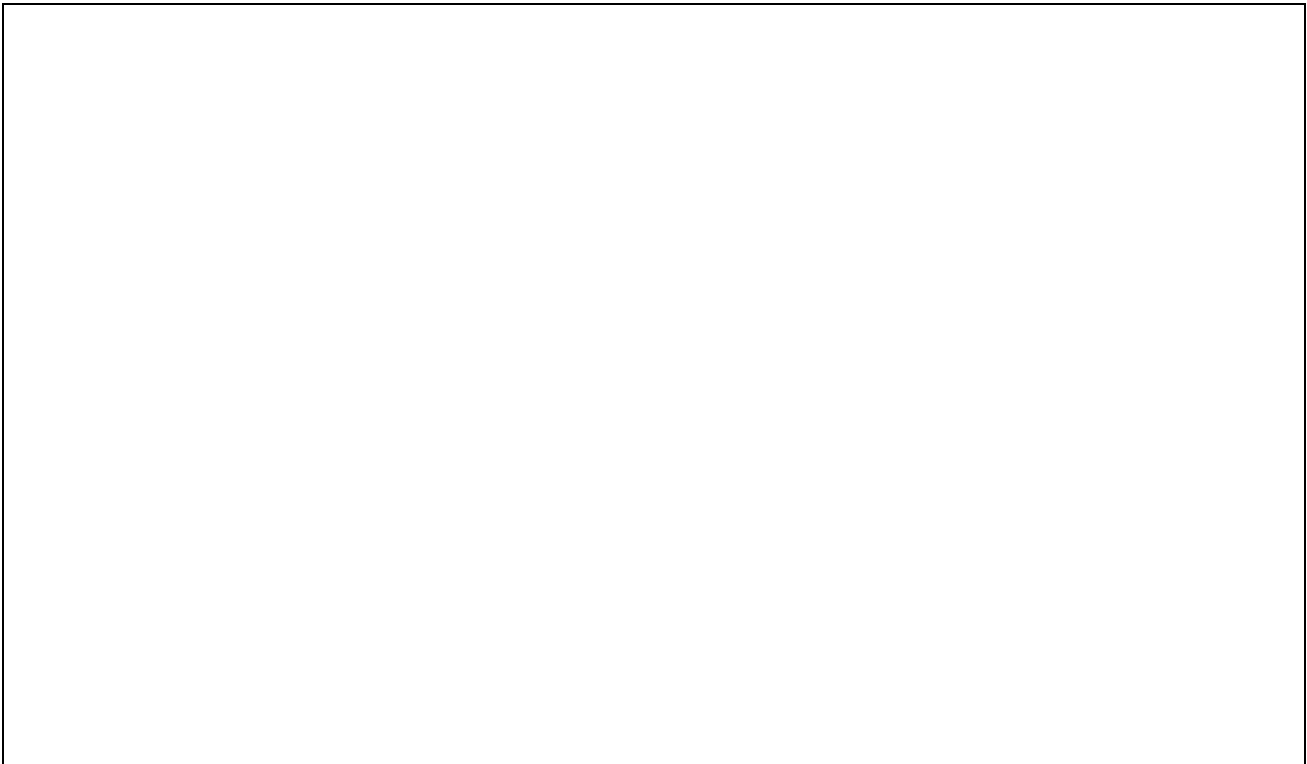
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Sketch Area to be treated



## Cost Share Claim Sheet

(To be presented to Weed Board Office with copies of receipt of herbicides purchased.)

Date(s) Treatment: \_\_\_\_\_

Was the weed control contracted or done by yourself? \_\_\_\_\_

Where was the herbicide was purchased? \_\_\_\_\_

### Section A: Herbicides used, and rate(s) per acre:

1.) \_\_\_\_\_ /acre

2.) \_\_\_\_\_ /acre

3.) \_\_\_\_\_ /acre

Approximate area sprayed in acre or sq. ft. - \_\_\_\_\_

Total purchase cost of the herbicide: \_\_\_\_\_

\_\_\_\_\_  
(Print Last Name) (First) (Telephone#)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

\_\_\_\_\_  
**(Legal Description, Township, Range, Section etc. for area of herbicide application)**

\_\_\_\_\_  
(Cost Share Applicants Signature) (Date)

### PLEASE ATTACH A COPY OF THE RECEIPT(S) TO THIS CLAIM.

#### For office use:

Herb: \_\_\_\_\_ \*50%= \_\_\_\_\_

Labor: \_\_\_\_\_ \*50%= \_\_\_\_\_

Total: \$ \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_